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PTO/SB/05 (11-00)

Approved for use through 10/31/2002. OMB 0651-0032  
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<b>UTILITY PATENT APPLICATION TRANSMITTAL</b>  (Only for new nonprovisional applications under 37 C.F.R. 1.53(b))	Attorney Docket No. 5011-017	
	First Inventor	Raymond F. Ryan
	Title BIOLOGICAL SAFETY CABINET	
	Express Mail Label No.	EV173461553US

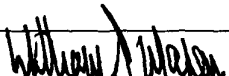
<b>APPLICATION ELEMENTS</b> <i>See MPEP chapter 600 concerning utility patent application contents.</i>  1. <input checked="" type="checkbox"/> <b>Fee Transmittal Form</b> (e.g., PTO/SB/17) <i>(Submit an original and a duplicate for fee processing)</i>  2. <input checked="" type="checkbox"/> <b>Applicant claims small entity status.</b> See 37 CFR 1.27.  3. <input checked="" type="checkbox"/> <b>Specification</b> [Total Pages <span style="border: 1px solid black; padding: 0 5px;">11</span> ] <i>(preferred arrangement set forth below)</i> - Descriptive title of the Invention - Cross References to Related Applications - Statement Regarding Fed sponsored R & D - Reference to sequence listing, a table, or a computer program listing appendix - Background of the Invention - Brief Summary of the Invention - Brief Description of the Drawings (if filed) - Detailed Description - Claim(s) - Abstract of the Disclosure  4. <input checked="" type="checkbox"/> <b>Drawing(s)</b> (35 U.S.C. 113) [Total Sheets <span style="border: 1px solid black; padding: 0 5px;">1</span> ]  5. <b>Oath or Declaration</b> [Total Pages <span style="border: 1px solid black; padding: 0 5px;">12</span> ] a. <input checked="" type="checkbox"/> <b>Newly executed</b> (original or copy) b. <input type="checkbox"/> <b>Copy from a prior application</b> (37 CFR 1.63 (d)) <i>(for a continuation/divisional with Box 18 completed)</i> i. <input type="checkbox"/> <b>DELETION OF INVENTOR(S)</b> <i>Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b).</i>  6. <input type="checkbox"/> <b>Application Data Sheet.</b> See 37 CFR 1.76  7. <input type="checkbox"/> <b>CD-ROM or CD-R in duplicate, large table or Computer Program</b> (Appendix) 8. <b>Nucleotide and/or Amino Acid Sequence Submission</b> (if applicable, all necessary) a. <input type="checkbox"/> <b>Computer Readable Form (CRF)</b> b. <b>Specification Sequence Listing on:</b> i. <input type="checkbox"/> <b>CD-ROM or CD-R</b> (2 copies); or ii. <input type="checkbox"/> <b>paper</b> c. <input type="checkbox"/> <b>Statements verifying identity of above copies</b>	<b>ADDRESS TO:</b> Assistant Commissioner for Patents Box Patent Application Washington, DC 20231  <b>ACCOMPANYING APPLICATIONS PARTS</b>  9. <input checked="" type="checkbox"/> <b>Assignment Papers</b> (cover sheet & document(s)) 10. <input checked="" type="checkbox"/> <b>37 C.F.R. §3.73(b) Statement</b> <input checked="" type="checkbox"/> <b>Power of Attorney</b> <i>(when there is an assignee)</i> 11. <input type="checkbox"/> <b>English Translation Document</b> (if applicable) 12. <input type="checkbox"/> <b>Information Disclosure Statement (IDS)/PTO-1449</b> <input type="checkbox"/> <b>Copies of IDS Citations</b> 13. <input type="checkbox"/> <b>Preliminary Amendment</b> 14. <input checked="" type="checkbox"/> <b>Return Receipt Postcard (MPEP 503)</b> <i>(Should be specifically itemized)</i> 15. <input type="checkbox"/> <b>Certified Copy of Priority Document(s)</b> <i>(if foreign priority is claimed)</i> 16. <input type="checkbox"/> <b>Request and Certification under 35 U.S.C. 122 (b)(2)(B)(i).</b> Applicant must attach form PTO/SB/35 or its equivalent. 17. <input type="checkbox"/> <b>Other:</b> _____
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18. If a **CONTINUING APPLICATION**, check appropriate box, and supply the requisite information below and in a preliminary amendment, or in an **Application Data Sheet** under 37 CFR 1.76:

☐ Continuation    ☐ Divisional    ☐ Continuation-in-part (CIP)    of prior application No: \_\_\_\_\_ / \_\_\_\_\_  
Prior application information:    Examiner: \_\_\_\_\_    Group / Art Unit: \_\_\_\_\_

For **CONTINUATION or DIVISIONAL APPS** only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.

<b>17. CORRESPONDENCE ADDRESS</b>					
<input checked="" type="checkbox"/> <b>Customer Number or Bar Code Label</b>		25184		<input type="checkbox"/> <b>Correspondence address below</b>	
		<i>(Insert Customer No. or Attach bar code label here)</i>			
Name					
Address					
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Country		Telephone		Fax	

Name (Print/Type)	William J. Mason	Registration No. (Attorney/Agent)	22,948
Signature		Date	7/28/23

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PTO/SB/17 (10-01)

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# FEE TRANSMITTAL for FY 2002

Patent fees are subject to annual revision.

TOTAL AMOUNT OF PAYMENT (\$ 415

## Complete if Known

Application Number	
Filing Date	
First Named Inventor	Raymond F. Ryan
Examiner Name	
Group Art Unit	
Attorney Docket No.	5011-017

## METHOD OF PAYMENT

1. ☐ The Commissioner is hereby authorized to charge indicated fees and credit any overpayments to:

Deposit Account Number **501923**  
Deposit Account Name **MacCORD MASON PLLC**

☒ Charge Any Additional Fee Required Under 37 CFR 1.16 and 1.17

☒ Applicant claims small entity status. See 37 CFR 1.27

2. ☒ Payment Enclosed:

☒ Check ☐ Credit card ☐ Money Order ☐ Other

## FEE CALCULATION

## 1. BASIC FILING FEE

	Large Entity Fee Code (\$)	Small Entity Fee Code (\$)	Fee Description	Fee Paid	
101	740	201	370	Utility filing fee	375
106	330	206	165	Design filing fee	
107	510	207	255	Plant filing fee	
108	740	208	370	Reissue filing fee	
114	160	214	80	Provisional filing fee	

SUBTOTAL (1) (\$ 375

## 2. EXTRA CLAIM FEES

	Extra Claims	Fee from below	Fee Paid
Total Claims	-20** =	X	=
Independent Claims	-3** =	X	=
Multiple Dependent			=

	Large Entity Fee Code (\$)	Small Entity Fee Code (\$)	Fee Description	
103	18	203	9	Claims in excess of 20
102	84	202	42	Independent claims in excess of 3
104	280	204	140	Multiple dependent claim, if not paid
109	84	209	42	** Reissue independent claims over original patent
110	18	210	9	** Reissue claims in excess of 20 and over original patent

SUBTOTAL (2) (\$

\*\*or number previously paid, if greater; For Reissues, see above

## FEE CALCULATION (continued)

## 3. ADDITIONAL FEES

	Large Entity Fee Code (\$)	Small Entity Fee Code (\$)	Fee Description	Fee Paid	
105	130	205	65	Surcharge - late filing fee or oath	
127	50	227	25	Surcharge - late provisional filing fee or cover sheet	
139	130	139	130	Non-English specification	
147	2,520	147	2,520	For filing a request for ex parte reexamination	
112	920*	112	920*	Requesting publication of SIR prior to Examiner action	
113	1,840*	113	1,840*	Requesting publication of SIR after Examiner action	
115	110	215	55	Extension for reply within first month	
116	400	216	200	Extension for reply within second month	
117	920	217	460	Extension for reply within third month	
118	1,440	218	720	Extension for reply within fourth month	
128	1,960	228	980	Extension for reply within fifth month	
119	320	219	160	Notice of Appeal	
120	320	220	160	Filing a brief in support of an appeal	
121	280	221	140	Request for oral hearing	
138	1,510	138	1,510	Petition to institute a public use proceeding	
140	110	240	55	Petition to revive - unavoidable	
141	1,280	241	640	Petition to revive - unintentional	
142	1,280	242	640	Utility issue fee (or reissue)	
143	460	243	230	Design issue fee	
144	620	244	310	Plant issue fee	
122	130	122	130	Petitions to the Commissioner	
123	50	123	50	Processing fee under 37 CFR 1.17(q)	
126	180	126	180	Submission of Information Disclosure Stmt	
581	40	581	40	Recording each patent assignment per property (times number of properties)	40
146	740	246	370	Filing a submission after final rejection (37 CFR § 1.129(a))	
149	740	249	370	For each additional invention to be examined (37 CFR § 1.129(b))	
179	740	279	370	Request for Continued Examination (RCE)	
169	900	169	900	Request for expedited examination of a design application	

Other fee (specify)

\*Reduced by Basic Filing Fee Paid

SUBTOTAL (3) (\$40

## SUBMITTED BY

Complete (if applicable)

Name (Print/Type)	William J. Mason	Registration No. (Attorney/Agent)	22,948	Telephone	(910) 256-3557
Signature	<i>William J. Mason</i>	Date	7/23/03		

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

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**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

Honorable Director of Patents and Trademarks  
Washington, D.C. 20231

Sir:

**CERTIFICATE OF MAILING/EXPRESS MAIL**

"Express Mail" Mailing Label Number: EV173461553US

Date of Deposit: July 28, 2003

I hereby certify that this paper, which is a patent application entitled BIOLOGICAL SAFETY CABINET (Our File No. 5011-017) is being deposited with the United States Postal Service "Express Mail Post Office to Addressee" service under 37 C.F.R. 1.10 on the date indicated above and is addressed to the Commissioner for Patents, P. O. Box 1450, Alexandria, VA 22313-1450.

William J. Mason  
Registration No. 22,948

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